

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
CHILD CARE HOME PROVIDER APPLICATION – FY 2005**

Provider's Name: \_\_\_\_\_ Name of Sponsoring Organization & Address \_\_\_\_\_  
S.S.# \_\_\_\_\_ DOB \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Substitute Caregiver Name \_\_\_\_\_

**Provider Information**

School District: \_\_\_\_\_ Assigned Elementary School: \_\_\_\_\_

Hours open for care: From \_\_\_\_\_ To \_\_\_\_\_ Provider claims own children? Yes \_\_\_\_\_ No \_\_\_\_\_

Days child care provided (please circle) **Mon** **Tues** **Wed** **Thurs** **Fri** **Sat** **Sun**

Holiday care: Yes \_\_\_\_\_ No \_\_\_\_\_. Age of youngest child in care: \_\_\_\_\_ oldest child: \_\_\_\_\_

	# Shifts	Start	End	# Shifts	Start	End
<b>Meals that are claimed and times served:</b>	<b>Breakfast</b>	<input type="radio"/> Time: _____ to _____		<b>AM Snack</b>	<input type="radio"/> Time: _____ to _____	
	<b>Lunch</b>	<input type="radio"/> Time: _____ to _____		<b>PM Snack</b>	<input type="radio"/> Time: _____ to _____	
	<b>Supper</b>	<input type="radio"/> Time: _____ to _____		<b>Evening Snack</b>	<input type="radio"/> Time: _____ to _____	

**Home is:** DES certified ☐ DHS certified ☐ Military certified ☐ Tribal certified ☐ Alternate Approved ☐

Number of children approved for child care: \_\_\_\_\_

If previously participated in CACFP please explain, include name of prior sponsoring organization: \_\_\_\_\_

<b>Provider Fingerprint Eligibility Card # (after 8/16/99)</b> _____	<b>Expiration date</b> _____
--	------------------------------

<b>Substitute Caregiver Fingerprint Eligibility Card # (after 8/16/99)</b> _____	<b>Expiration date</b> _____
--	------------------------------

**Tier II Provider Election of Reimbursement**

If provider is determined Tier II, the Provider elects the following:

- ☐ 1) Sponsoring organization will distribute income applications to the households of all enrolled children in the home.
- ☐ 2) Sponsoring organization will identify only those children who are considered categorically eligible by virtue of their participation, or parent's participation, in a federally- or state-supported program with an income eligibility limit that does not exceed the standard for free or reduced price meals.
- ☐ 3) Provider elects to receive Tier II reimbursement for meals served to all children enrolled in the home, regardless of income.

Sec. 1211(b) of the Tax Reform Act of 1976 (Sec. 205(c)(2)(C)(i)) of the Social Security Act, 42 U.S.C. Sec. 405(c)(2)(C)(i) allows the Arizona Department of Education to obtain your social security number. Your social security number will be used solely by the Arizona Department of Education to verify program participation.

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Arizona Department of Education officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider

**Tier Determination (For Sponsor Use Only)**

<input type="checkbox"/> 1) Tier I home based on	<input type="radio"/> Elementary School Location	<input type="radio"/> Provider Income	<input type="radio"/> Census Data
--	--	---------------------------------------	-----------------------------------

<input type="checkbox"/> 2) Tier II home
--

Determination Date \_\_\_\_\_

Approved by \_\_\_\_\_